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Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

Comment On: EBSA-2010-0019-0002

Group Health Plans and Health Insurance Issuers: Internal Claims and Appeals and External

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General Comment

The National Latina Institute for Reproductive Health (NLIRH) seeks to ensure the fundamental human right to reproductive health and justice for Latinas, their families and their communities through public education, community mobilization and policy advocacy. We wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. The 10% standard is far too high and will exclude many Latinas who rely on effective communication to manage their health and insurance accounts. A more appropriate standard would be "5% of the plan's population or 500 persons in plan's service area" for large group plans, and 25% of population for small plans. In addition, oral interpretation should be provided in all languages at all times. Latinas face tremendous linguistic barriers to care which lead to difficulties in accessing health care and increased health disparities. Latinas suffer from disproportionately high rates of cervical cancer, diabetes, heart disease, HIV/AIDS and many other serious health impairments. Many Latinas are primary Spanish-speakers, and language barriers are a fundamental reason that Latinas face enormous health disparities in our country. Over 25 million (9% of the population) speak English less than "very well," and for health care

purposes may be considered limited English proficiency (LEP). An important piece of health care for Latinas is effective communication with insurers who have significant influence over the decisions Latinas are able to make. Miscommunication in this process leads to incomplete or inaccurate care. NLIRH believes that these standards play an important role in reducing health care disparities and promote more patient-centered and equitable care. Therefore, we urge CMS, IRS and the DOL's Employee Benefits Security Administration (EBSA) to change the standards so that Latinas will be positively impacted.